

ANNUAL CHILD DEVELOPMENT CENTER REPORT
FOR CALENDAR YEAR ____
Date: _____

Center Name: _____

Director: _____

Education: _____ Experience: _____

Ass't Director: _____

Education: _____ Experience: _____

In-Service Training Topics:

Parent Education Meeting Topics:

Highlights of Year's Activities:

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Capacity of Center: _____

Hours of Operation: _____

Number of Children Enrolled: (Full-time) _____

" " " " (Afterschool) _____

" " " " (Half-day) _____

Average Daily Attendance: _____

Number on Waiting List: _____

Number of Employees: (F/T) _____

(P/T) _____

Fees Charged:

Please attach a copy of your current fee schedule.

Other Fees (such as late fees): _____

Ages Served: